

---

<b>State:</b>	Illinois	<b>Filing Company:</b>	ProAssurance Casualty Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations		
<b>Product Name:</b>	Ascension Health Risk Purchasing Group, Inc.		
<b>Project Name/Number:</b>	Revision to Risk Management Section/		

## Filing at a Glance

Company:	ProAssurance Casualty Company
Product Name:	Ascension Health Risk Purchasing Group, Inc.
State:	Illinois
TOI:	11.2 Med Mal-Claims Made Only
Sub-TOI:	11.2000 Med Mal Sub-TOI Combinations
Filing Type:	Rule
Date Submitted:	02/06/2014
SERFF Tr Num:	PCWA-129405827
SERFF Status:	Closed-Filed
State Tr Num:	
State Status:	Under Review
Co Tr Num:	IL-AHRPG-0214-R

Effective Date	02/24/2014
Requested (New):	
Effective Date	02/24/2014
Requested (Renewal):	
Author(s):	LaQuita Goodwin
Reviewer(s):	Gayle Neuman (primary), Julie Rachford
Disposition Date:	02/27/2014
Disposition Status:	Filed
Effective Date (New):	02/24/2014
Effective Date (Renewal):	02/24/2014

State Filing Description:  
ROUTED 2/10/14

---

<b>State:</b>	Illinois	<b>Filing Company:</b>	ProAssurance Casualty Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations		
<b>Product Name:</b>	Ascension Health Risk Purchasing Group, Inc.		
<b>Project Name/Number:</b>	Revision to Risk Management Section/		

## General Information

Project Name: Revision to Risk Management Section	Status of Filing in Domicile: Not Filed
Project Number:	Domicile Status Comments: None
Reference Organization: None	Reference Number:
Reference Title:	Advisory Org. Circular:
Filing Status Changed: 02/27/2014	
State Status Changed: 02/10/2014	Deemer Date:
Created By: LaQuita Goodwin	Submitted By: LaQuita Goodwin
Corresponding Filing Tracking Number:	

### Filing Description:

I submit for your review and approval revisions to the Risk Management Premium Credits section of the underwriting manual for the Ascension Health Risk Purchasing Group Program. The revisions being made is to try to make the rule as non-specific as possible so it doesn't have to be reviewed and re-filed every year I request the effective date of February 24, 2014 for this filing submission.

Please let me know if you have any questions during the review process.

Thank you.

## Company and Contact

### Filing Contact Information

LaQuita Goodwin, Compliance Specialist	lgoodwin@proassurance.com
100 Brookwood Place	205-877-4426 [Phone]
Birmingham, AL 35209	205-414-2887 [FAX]

### Filing Company Information

ProAssurance Casualty Company	CoCode: 38954	State of Domicile: Michigan
100 Brookwood Place	Group Code: 2698	Company Type: Property &
Birmingham, AL 35209	Group Name: ProAssurance	Casualty
(205) 877-4426 ext. [Phone]	FEIN Number: 38-2317569	State ID Number: 12

---

## Filing Fees

Fee Required?	No
---------------	----

Retaliatory?	No
--------------	----

Fee Explanation:

## State Specific

---

<b>State:</b>	Illinois	<b>Filing Company:</b>	ProAssurance Casualty Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations		
<b>Product Name:</b>	Ascension Health Risk Purchasing Group, Inc.		
<b>Project Name/Number:</b>	Revision to Risk Management Section/		

---

Refer to our checklists prior to submitting filing ([http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)):

Acknowledged

Refer to our updated (04/06/2007) SERFF General Instructions prior to submitting filing. They have been updated to clarify what rates and rules are required to be filed as well as what rates and rules are not required to be filed. Also, the "Product Name" is the Filing Title and not the Project Number.: Acknowledged

NO RATES and/or RULES ARE REQUIRED TO BE FILED FOR LINES OF COVERAGE SUCH AS COMMERCIAL AUTO (except taxicabs), BURGLARY AND THEFT, GLASS, FIDELITY, SURETY, COMMERCIAL GENERAL LIABILITY, CROP HAIL, COMMERCIAL PROPERTY, DIRECTORS AND OFFICERS, ERRORS AND OMISSIONS, COMMERCIAL MULTI PERIL just to mention a few. However, a Summary Sheet (RF-3) is required to be filed. Please refer to the State Specific Field below for what rates/rules are required to be filed and to our checklists for specific statutes, regulations, etc. :

[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp) .: Acknowledged

Medical Malpractice rates/rules may now be submitted using SERFF effective January 1, 2012.: Acknowledged

The only rates and/or rules that are required to be filed are Homeowners, Mobile Homeowners, Dwelling Fire and Allied Lines, Workers' Compensation, Liquor Liability, Private Passenger Automobiles, Taxicabs, Motorcycles and Group Inland Marine Insurance which only applies to insurance involving personal property owned by, being purchased by or pledged as collateral by individuals, and not used in any business, trade or profession per Regulation Part 2302 which says in part, "each company shall file with the Director of Insurance each rate, rule and minimum premium before it is used in the State of Illinois.": N/A  
When selecting a form filing type for a multiple form filing, use the dominant type from these choices: APP - application; CER - certificate; COF - coverage form; DPS - declaration page; END - endorsement; POJ - policy jacket; ORG - Companies adopting an Advisory or Rating Organization's filing. Example: If you are submitting a policy as well as endorsements, a declaration page and an application, you would select "POL" for policy.: N/A

<b>State:</b>	Illinois	<b>Filing Company:</b>	ProAssurance Casualty Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations		
<b>Product Name:</b>	Ascension Health Risk Purchasing Group, Inc.		
<b>Project Name/Number:</b>	Revision to Risk Management Section/		

## Correspondence Summary

### Dispositions

Status	Created By	Created On	Date Submitted
Filed	Gayle Neuman	02/27/2014	02/27/2014

## Objection Letters and Response Letters

### Objection Letters

Status	Created By	Created On	Date Submitted
Pending Industry Response	Julie Rachford	02/18/2014	02/18/2014
Pending Industry Response	Gayle Neuman	02/10/2014	02/10/2014
Pending Industry Response	Gayle Neuman	02/06/2014	02/06/2014

### Response Letters

Responded By	Created On	Date Submitted
LaQuita Goodwin	02/26/2014	02/26/2014
LaQuita Goodwin	02/10/2014	02/10/2014
LaQuita Goodwin	02/10/2014	02/10/2014

### Filing Notes

Subject	Note Type	Created By	Created On	Date Submitted
effective date of 2/24/2014	Note To Reviewer	LaQuita Goodwin	02/27/2014	02/27/2014
effective date	Note To Filer	Gayle Neuman	02/26/2014	02/26/2014
Actuarial Review	Reviewer Note	Julie Rachford	02/26/2014	

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations		
Product Name:	Ascension Health Risk Purchasing Group, Inc.		
Project Name/Number:	Revision to Risk Management Section/		

## Disposition

Disposition Date: 02/27/2014  
Effective Date (New): 02/24/2014  
Effective Date (Renewal): 02/24/2014  
Status: Filed

Comment: q

Rate data does NOT apply to filing.

Schedule	Schedule Item	Schedule Item Status	Public Access
Supporting Document	Explanatory Memorandum		Yes
Supporting Document	Form RF3 - (Summary Sheet)		Yes
Supporting Document	Certification		Yes
Supporting Document	Manual		Yes
Supporting Document	Request to Maintain Data as Trade Secret Information		Yes
Rate (revised)	Manual Page		Yes
Rate	Manual Page		Yes

---

**State:** Illinois **Filing Company:** ProAssurance Casualty Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations  
**Product Name:** Ascension Health Risk Purchasing Group, Inc.  
**Project Name/Number:** Revision to Risk Management Section/

---

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	02/18/2014
Submitted Date	02/18/2014
Respond By Date	02/26/2014

---

Dear LaQuita Goodwin,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

**Objection 1**

*Comments: Without identifying objective criteria to determine the percentage applied to each insured, items 4 and 5 under Section III should be included in schedule rating and thus limited by CB 2011-05. To be in compliance with CB 2011-05, either move this rating characteristic into the Companys schedule rating plan or outline objective criteria to determine the specific percentage that applies to each insured.*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Julie Rachford*

---

**State:** Illinois **Filing Company:** ProAssurance Casualty Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations  
**Product Name:** Ascension Health Risk Purchasing Group, Inc.  
**Project Name/Number:** Revision to Risk Management Section/

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	02/10/2014
Submitted Date	02/10/2014
Respond By Date	02/17/2014

---

Dear LaQuita Goodwin,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*How many policyholders are affected by this change?*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*

---

**State:** Illinois **Filing Company:** ProAssurance Casualty Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations  
**Product Name:** Ascension Health Risk Purchasing Group, Inc.  
**Project Name/Number:** Revision to Risk Management Section/

---

## Objection Letter

Objection Letter Status	Pending Industry Response
Objection Letter Date	02/06/2014
Submitted Date	02/06/2014
Respond By Date	02/14/2014

---

Dear LaQuita Goodwin,

**Introduction:**

*This is to acknowledge receipt of your filing. Your submission is not acceptable for filing in Illinois due to the following reasons:*

*Please indicate if your company has a plan for the gathering of statistics or the reporting of statistics to statistical agencies? If yes, what stat agency is being used?*

**Conclusion:**

*Sign up to get e-mail notification for updates to the Department's website. <http://insurance.illinois.gov/RSS/>*

*Please refer to the appropriate Property Casualty IS3 Review Requirements Checklist before submitting any filing. The checklists are available at the Department's Web site or at the following link:*

*[http://insurance.illinois.gov/Prop\\_Cas\\_IS3\\_Checklists/IS3\\_Checklists.asp](http://insurance.illinois.gov/Prop_Cas_IS3_Checklists/IS3_Checklists.asp)*

*Please submit compliant form(s) no later than the date shown above or the entire filing may be disapproved. Please be advised that when the Director disapproves the form(s) you must immediately cease using the form(s) in Illinois.*

*Please give this matter your immediate attention. If you have any question regarding this filing please feel free to contact me.*

*Sincerely,*

*Gayle Neuman*



<b>State:</b>	Illinois	<b>Filing Company:</b>	ProAssurance Casualty Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations		
<b>Product Name:</b>	Ascension Health Risk Purchasing Group, Inc.		
<b>Project Name/Number:</b>	Revision to Risk Management Section/		

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/26/2014
Submitted Date	02/26/2014

Dear Gayle Neuman,

### Introduction:

The response to your 2/18/2014 objection follows below.

### Response 1

#### Comments:

We have amended items 4 and 5 to comply with Illinois requirements.

### Related Objection 1

Comments: Without identifying objective criteria to determine the percentage applied to each insured, items 4 and 5 under Section III should be included in schedule rating and thus limited by CB 2011-05. To be in compliance with CB 2011-05, either move this rating characteristic into the Companys schedule rating plan or outline objective criteria to determine the specific percentage that applies to each insured.

### Changed Items:

No Supporting Documents changed.

No Form Schedule items changed.

Rate Schedule Item Changes					
Item No.	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Date Submitted
1	Manual Page	Page 17	Replacement	PCWA-129178732	02/26/2014 By: LaQuita Goodwin
<i>Previous Version</i>					
1	Manual Page	Page 17	Replacement	PCWA-129178732	02/06/2014 By: LaQuita Goodwin

### Conclusion:

Please let me know if you need anything else.

Thanks.

<b>State:</b>	Illinois	<b>Filing Company:</b>	ProAssurance Casualty Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations		
<b>Product Name:</b>	Ascension Health Risk Purchasing Group, Inc.		
<b>Project Name/Number:</b>	Revision to Risk Management Section/		

Sincerely,  
LaQuita Goodwin

---

**State:** Illinois **Filing Company:** ProAssurance Casualty Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations  
**Product Name:** Ascension Health Risk Purchasing Group, Inc.  
**Project Name/Number:** Revision to Risk Management Section/

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/10/2014
Submitted Date	02/10/2014

---

Dear Gayle Neuman,

**Introduction:**

The response to your 2/10/14 objection follows below.

**Response 1**

**Comments:**

There are no insureds affected now, but every insured that comes up for renewal on or after 2/24 will be affected and there are about 89 insureds in the program to date.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Please let me know if you have any questions or need anything further.

Thank you.

Sincerely,

LaQuita Goodwin

---

**State:** Illinois **Filing Company:** ProAssurance Casualty Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations  
**Product Name:** Ascension Health Risk Purchasing Group, Inc.  
**Project Name/Number:** Revision to Risk Management Section/

## Response Letter

Response Letter Status	Submitted to State
Response Letter Date	02/10/2014
Submitted Date	02/10/2014

---

Dear Gayle Neuman,

**Introduction:**

The response to your 2/6/2014 objection follows below.

**Response 1**

**Comments:**

ProAssurance subscribes to the Independent Statistical Service for the reporting of statistics.

**Changed Items:**

No Supporting Documents changed.

No Form Schedule items changed.

No Rate/Rule Schedule items changed.

**Conclusion:**

Thank you.

Sincerely,

LaQuita Goodwin

**State:** Illinois **Filing Company:** ProAssurance Casualty Company  
**TOI/Sub-TOI:** 11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations  
**Product Name:** Ascension Health Risk Purchasing Group, Inc.  
**Project Name/Number:** Revision to Risk Management Section/

## Note To Reviewer

**Created By:**

LaQuita Goodwin on 02/27/2014 08:37 AM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

02/27/2014 08:45 AM

**Subject:**

effective date of 2/24/2014

**Comments:**

This filing was implemented on 2/24/2014 and we would like to keep this effective date.

Thanks.

## Note To Filer

The Department of Insurance has now completed its review of this filing. You previously requested the filing be effective February 24, 2014. Was the filing put in effect on that date or do you wish to have a different effective date? Your prompt response is appreciated.

---

<b>State:</b>	Illinois	<b>Filing Company:</b>	ProAssurance Casualty Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations		
<b>Product Name:</b>	Ascension Health Risk Purchasing Group, Inc.		
<b>Project Name/Number:</b>	Revision to Risk Management Section/		

## Reviewer Note

**Created By:**

Julie Rachford on 02/26/2014 01:29 PM

**Last Edited By:**

Gayle Neuman

**Submitted On:**

02/27/2014 08:45 AM

**Subject:**

Actuarial Review

**Comments:**

Actuarial review is complete.

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations		
Product Name:	Ascension Health Risk Purchasing Group, Inc.		
Project Name/Number:	Revision to Risk Management Section/		

## Rate/Rule Schedule

Item No.	Schedule Item Status	Exhibit Name	Rule # or Page #	Rate Action	Previous State Filing Number	Attachments
1		Manual Page	Page 17	Replacement	PCWA-129178732	Page 17 revised RM eff 2-24-2014.pdf



## PROFESSIONAL LIABILITY DISCOUNTS

### I. MAXIMUM CREDIT

Maximum credit available per insured will be limited to 50% except for the following:

- Part-time exposure rating: up to 50%. Deductible credits and attendance of a ProAssurance Loss Prevention Seminar credit may be combined with the part-time credit but no other credits or discounts apply.
- New doctor/dentist discounts: up to 50%. Deductible credits may be combined with the New Doctor/Dentist discount but no other credits or discounts apply.
- Deductibles/Self-Insured Retentions
- Risks developing \$50,000 or more annualized premium

### II. NEW DOCTOR OR DENTIST DISCOUNT

This discount will apply only to solo practicing physicians and dentists who have never been in practice and proceed directly into practice from training, or physicians or dentists who fit within that category except for an interim period of employment not to exceed two years. Physicians or dentists who would otherwise qualify but who are joining an established group practice insured by the Company where their clinical exposure will not exceed 30 hours per week are to be submitted to the Company for rating.

<u>Year of Coverage Since Training</u>	<u>Annual Premium Discount Per Policy</u>
Year 1	50%
Year 2	25%
Year 3	0%

### III. RISK MANAGEMENT PREMIUM CREDITS

Insureds who participate in risk management activities approved by the Company may be eligible for the following premium credits, up to a **maximum of 8%**.

<u>Activity</u>	<u>Credit</u>
<b>RISK MANAGEMENT EDUCATION</b>	<b>Maximum 8%</b>
1. Physician attendance at one (1) public or private Loss Prevention Seminar (LPS). (Must be present for the entire program to earn premium credit.)	5%
2. Completion of Online LPS.	2.5%
3. Practice Management Professional seminar. Majority of physicians from the practice must have attended the ProAssurance live LPS in order to receive this additional premium credit.	2%
4. Risk Management office assessment.	3%
5. Other risk management educational modules/quality initiatives.	2%

<b>State:</b>	Illinois	<b>Filing Company:</b>	ProAssurance Casualty Company
<b>TOI/Sub-TOI:</b>	11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations		
<b>Product Name:</b>	Ascension Health Risk Purchasing Group, Inc.		
<b>Project Name/Number:</b>	Revision to Risk Management Section/		

## Supporting Document Schedules

<b>Satisfied - Item:</b>	Explanatory Memorandum
<b>Comments:</b>	Instead of attaching an Explanatory Memorandum, I've attached a marked copy of the manual page.
<b>Attachment(s):</b>	Page 17 revised RM eff 2-24-2014 - marked.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Form RF3 - (Summary Sheet)
<b>Bypass Reason:</b>	N/A - Rule filing with no rate impact
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Certification
<b>Comments:</b>	
<b>Attachment(s):</b>	certification for AHRPG.pdf
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Satisfied - Item:</b>	Manual
<b>Comments:</b>	Acknowledged
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

<b>Bypassed - Item:</b>	Request to Maintain Data as Trade Secret Information
<b>Bypass Reason:</b>	N/A
<b>Attachment(s):</b>	
<b>Item Status:</b>	
<b>Status Date:</b>	

## PROFESSIONAL LIABILITY DISCOUNTS

### I. MAXIMUM CREDIT

Maximum credit available per insured will be limited to 50% except for the following:

- Part-time exposure rating: up to 50%. Deductible credits and attendance of a ProAssurance Loss Prevention Seminar credit may be combined with the part-time credit but no other credits or discounts apply.
- New doctor/dentist discounts: up to 50%. Deductible credits may be combined with the New Doctor/Dentist discount but no other credits or discounts apply.
- Deductibles/Self-Insured Retentions
- Risks developing \$50,000 or more annualized premium

### II. NEW DOCTOR OR DENTIST DISCOUNT

This discount will apply only to solo practicing physicians and dentists who have never been in practice and proceed directly into practice from training, or physicians or dentists who fit within that category except for an interim period of employment not to exceed two years. Physicians or dentists who would otherwise qualify but who are joining an established group practice insured by the Company where their clinical exposure will not exceed 30 hours per week are to be submitted to the Company for rating.

<u>Year of Coverage Since Training</u>	<u>Annual Premium Discount Per Policy</u>
Year 1	50%
Year 2	25%
Year 3	0%

### III. RISK MANAGEMENT PREMIUM CREDITS

Insureds who participate in risk management activities approved by the Company may be eligible for the following premium credits, up to a **maximum of 8%**.

<u>Activity</u>	<u>Credit</u>
<b><u>RISK MANAGEMENT EDUCATION</u></b>	<b>Maximum <del>6</del>8%</b>
<del>a. Physicians may attend a two hour live ProAssurance seminar and/or an Ascension Health live workshop.</del>	<del>2% each; 4% maximum</del>
<del>1. Physician attendance at one (1) public or private Loss Prevention Seminar (LPS).</del>	<del>5%</del>
<del>(Must be present for the entire program to earn premium credit.)</del>	
<del>1.2. Completion of Online &amp; CD Courses (one hour)</del>	<del>1% each; 4% maximum</del>
<del>2.5% Successful completion of ProAssurance/Ascension online seminars</del>	<del>LPS.</del>
<del>Combined total of credits for 1 and 2 cannot exceed 6%.</del>	
<del>2. Demonstration of effective mechanisms for communicating diagnostic test results, based on survey results. Non-obstetric specialties only.</del>	<del>Maximum 2%</del>
<del>3. Participation in a formal obstetric emergency simulation</del>	<del>Maximum 2%</del>

~~—Obstetric specialties only.~~

~~4. Advanced~~

~~2.3. Practice Strategies Online Modules~~ ~~Maximum 2% Management~~  
~~Professional seminar.~~ ~~2%~~

~~Majority of physicians from the practice must have  
attended the ProAssurance live LPS in order to  
receive this additional premium credit.~~

~~4. Risk Management office assessment.~~ ~~3% - 5%~~

~~5. Other risk management educational modules/quality  
initiatives.~~ ~~2% - 4%~~

# ILLINOIS CERTIFICATION FOR MEDICAL MALPRACTICE RATES

(215 ILCS 5/155.18)(3) states that medical liability rates shall be certified in such filing by an officer of the company and a qualified actuary that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience.

I, Kathryn A. Neville, a duly authorized officer of ProAssurance Casualty Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing. I also certify that all changes made were disclosed, no written statement that the insurer, in offering, administering, or applying the filed rate/rule manual and/or any amended provisions, does not unfairly discriminate.

I, Howard H. Friedman, a duly authorized actuary of ProAssurance Casualty Company, am authorized to certify on behalf of the Company making this filing that the company's rates are based on sound actuarial principles and are not inconsistent with the company's experience, and that I am knowledgeable of the laws, regulations and bulletins applicable to the policy rates that are the subject of this filing.



Kathryn A. Neville, Secretary  
Signature and Title of Authorized Insurance Company Officer

2/6/2014

Date



Howard H. Friedman, ACAS, MAAA, Senior Vice President  
Signature, Title and Designation of Authorized Actuary

2/26/2014

Date

Insurance Company FEIN 39-1567580 Filing Number PCWA-126405827  
Insurer's Address 100 Brookwood Place  
City Birmingham State Alabama Zip Code 35209

Contact Person's:

-Name and E-mail LaQuita B. Goodwin, Compliance Specialist – [lgoodwin@proassurance.com](mailto:lgoodwin@proassurance.com)  
-Direct Telephone and Fax Number (205) 877-4426 – Fax (205) 414-2887

State:	Illinois	Filing Company:	ProAssurance Casualty Company
TOI/Sub-TOI:	11.2 Med Mal-Claims Made Only/11.2000 Med Mal Sub-TOI Combinations		
Product Name:	Ascension Health Risk Purchasing Group, Inc.		
Project Name/Number:	Revision to Risk Management Section/		

## Superseded Schedule Items

Please note that all items on the following pages are items, which have been replaced by a newer version. The newest version is located with the appropriate schedule on previous pages. These items are in date order with most recent first.

Creation Date	Schedule Item Status	Schedule	Schedule Item Name	Replacement Creation Date	Attached Document(s)
02/06/2014		Rate	Manual Page	02/26/2014	Page 17 revised RM eff 2-24-2014.pdf (Superceded)

## PROFESSIONAL LIABILITY DISCOUNTS

### I. MAXIMUM CREDIT

Maximum credit available per insured will be limited to 50% except for the following:

- Part-time exposure rating: up to 50%. Deductible credits and attendance of a ProAssurance Loss Prevention Seminar credit may be combined with the part-time credit but no other credits or discounts apply.
- New doctor/dentist discounts: up to 50%. Deductible credits may be combined with the New Doctor/Dentist discount but no other credits or discounts apply.
- Deductibles/Self-Insured Retentions
- Risks developing \$50,000 or more annualized premium

### II. NEW DOCTOR OR DENTIST DISCOUNT

This discount will apply only to solo practicing physicians and dentists who have never been in practice and proceed directly into practice from training, or physicians or dentists who fit within that category except for an interim period of employment not to exceed two years. Physicians or dentists who would otherwise qualify but who are joining an established group practice insured by the Company where their clinical exposure will not exceed 30 hours per week are to be submitted to the Company for rating.

<u>Year of Coverage Since Training</u>	<u>Annual Premium Discount Per Policy</u>
Year 1	50%
Year 2	25%
Year 3	0%

### III. RISK MANAGEMENT PREMIUM CREDITS

Insureds who participate in risk management activities approved by the Company may be eligible for the following premium credits, up to a **maximum of 8%**.

<u>Activity</u>	<u>Credit</u>
<b>RISK MANAGEMENT EDUCATION</b>	<b>Maximum 8%</b>
1. Physician attendance at one (1) public or private Loss Prevention Seminar (LPS). (Must be present for the entire program to earn premium credit.)	5%
2. Completion of Online LPS.	2.5%
3. Practice Management Professional seminar. Majority of physicians from the practice must have attended the ProAssurance live LPS in order to receive this additional premium credit.	2%
4. Risk Management office assessment.	3% - 5%
5. Other risk management educational modules/quality initiatives.	2% - 4%